FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S95493 (0)GOLD COAST PIANO CORP. Principal Place of Business Mailing Address 9899 WEST SAMPLE RD 9699 WEST SAMPLE RD OORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1991 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 6969 N.W. 87 Aue 65-0296355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent HASTINGS, RICHARD G Name 5219 NW 79 WAY 82 PARKLAND FL 33067 Zip Code 33067 **B4** City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (smillar with and accept the obligations of Section 607.0505, Florida Statutes. Kichnid G OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE Change Addition TITLE 1.1 TITLE Richard HAStings HASTINGS, RICHARD 1.2 NAME 6969 N. W 87 Aug. 5219 NW 79 WAY STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL 33067 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE Junia Hastings HASTINGS, JUNIA NAME 2.2 NAME 5219 NW 79 WAY 6969 NW 87 AUC STREET ADDRESS 2.3 STREET ADDRESS Park Inad , FZ. 33067 PARKLAND FL 33067 CITY-ST-ZIP 2.4 City-St-ZiP DELETE TITLE 3.1 TITLE __ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City-St-ZiP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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